

MULTIPLE DEPEN.
CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 576403

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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48							98						
49							99						
50							100						
TOTAL IND.	3	↓			↓					↓			
TOTAL DEP.	13	←			←					↓			
TOTAL CLAIMS	16	██████████			██████████					██████████			